An Inaugural Dissertation on Acute and Chronic Hepatitis

To be submitted to the examination of the Medical Faculty of the University of Pensylvania

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Gentlemen

In compliance with the wise regulations of this institution which render it necessary for each candidate to write a dissertation on some medical or scientific subject; I have selected Hepatitis in its two distinct forms viz acute and chronic. Before entering into a detail of these diseases, and in order to explain their nature more fully, I will premise a short anatomical description of the organ which is the seat of them, together with its particular functions and appropriate secretions.

The liver is evidently the largest gland in the body and when in a healthy condition is of a reddish brown colour, it is composed of tolerable firm substances consisting of closely united congeries of different vessels, whose office is the secretion of bile, which is carried on by a vein instead of an artery.

In a healthy adult its ordinary weight is

about three pounds, but is subject to great variation in this respect, sometimes increased to a very great extent by the accumulation of disease, and sometimes diminished by the same causes, and manifestly indurated.
It is situated in the right hypochondriac region which it entirely occupies, and extend through the upper portion of the epigastric into the left.
Its figure is irregular, concave inferiorly; it is very thick towards the upper and right side, and gradually grows thinner as it extends into the left.
It consists of three lobes. And is retained in its position by five ligaments.
It consists of several kinds of vessels; viz the hepatic Artery, the vena porta, and the hepatic veins; likewise the excretory duct and absorbents.
The vena porta fulfils both the office of an artery and vein.

The liver is supplied with nerves from the great sympathetic and Eighth Pair. These are collected together and surrounded by a peritoneal coat called Glisons Capsule.
The gall bladder is a small sac or bag bearing the resemblance to a pear; and is composed of four coats,
After this general view of the structure of the liver we come better prepared for entering upon the diseases of that organ. There is perhaps no part of the human body that is more important and essentially connected with life and health than the liver.
In consequence of its large bulk and the great quantity of blood destined to pass through it; and of its minute and sluggish circulation, we should not be surprised that it so often becomes the seat of severe and dangerous diseases; and more especially those under consid-

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nation viz the acute and chronic inflammation of that organ. We shall now proceed to speak of the acute form. The following is Cullen's definition.
"A febrile disease attended with pungent pain; frequent strong and hard pulse and high coloured urine." This disease may almost always be known by the following symptoms; tension and pain in the right hypochondriac region, which is for the most part increased by pressure; the pain is sometimes acute as in pleurisy, but more generally dull and obtuse; difficult in lying on the left side, dry cough, though sometimes humid vomiting of bilious matter, and dyspnoea, particularly it is supposed if the ~~pain~~ convex surface is affected. It frequently happens that the pain occupies a position in the right side, which renders it difficult to determine whether the lungs or the liver is the seat

of the affection. The pain extends to the clavicle or top of the shoulder, burning sensation in the side. Doct. Rush was of opinion that the pain was more frequent in the left shoulder of women, and in the right of men. The pain is not altogether confined to the right Hypochondriac region, but is sometimes found in the left.
The cough is supposed not to be so troublesom when the concave surface is affected. Many complain of heart-burn. The intestines are generally constipated, and the stools denote a deficiency of biliary secretion, urine small in quantity, and of a saffron colour.
There is a loss of appetite, intense thirst, the skin hot and dry at the same time, and the tongue covered with a thick white fur, sometimes of a yellowish tinge, accompanied with strong hard and frequent pulse amounting generally

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from 98 to 105 in a minute. After the patient is sick a few days the skin and eyes partake of a yellowish tinge. The diagnosis of this disease in some cases will be found very difficult and uncertain, and the most accurate observer may be mistaken and imagine the liver to be the seat of the disease when it is in a perfectly natural condition.

From Pneumonia, it may be distinguished from the pain being increased by pressure; by the difficulty in Pneumonia which the patient feel in laying on the affected side, the contrary of which happens in Hepatitis; by cough not in general being accompanied by expectoration, and also by sallowness of the countenance

Remote Causes. Such as the application of cold, external injuries from blows, violent exercise, intense heat, Gluttony, long continued intermittent and remittent fevers; These diseases produce it by causing obstruction

in the liver, intemperate use of spirituous liquors, fractures of the skull, a continuation of inflammation from Pleurisy sometimes produces it, also violent passions of the mind, and all those causes which produce derangement of the biliary secretion. Nothing is more apt to cause this derangement than warm climates, particularly in those countries subject to long continued rains. Hence the great frequency of this disease in India. The effect produced by climate on the liver is diametrically opposite to that of the other internal secretory organs. Warm atmosphere increases the secretion of bile, and diminishes the secretion of urine. On the contrary a cold atmosphere increases the action of the kidneys; and diminishes that of the liver. Like other acute inflammations, this may terminate in resolution, suppuration, and gangrene; the latter however

however is extremely rare. The two former are very common, but of the two the first is by far the most frequent, and is effected by copious evacuation from the system by hemorrhagies by bilious diarrhœa accompanied by free diaphoreses. When it ends in suppuration the contents of the abscess may be discharged in several ways, externally when it points that way, in the rectum and through the diaphragm into the substance of the lungs. Treatment. In this disease it is of the utmost importance to the welfare of our patient, that the most prompt and rigid treatment should be immediately resorted to. Timid feeble and dilatory practice in all acute diseases are reprehensible and more especially in the present, were the life and future health of our patient are so eminently concerned, and the object to be gained so desireable viz A termination of the disease by resolution. With this view repeated and in general very copious V.S.

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must be prescribed. However the state of the constitution must be attended to, when it is strong and the habits plethoric. Large and repeated bleedings are urgently demanded and must not be delayed, particularly if the disease is attended with much congestion.

On the number of bleedings we must be governed by the violence of the symptoms and the habit of living. When the constitution is naturally weak or debilitated by disease general bleeding must be more sparingly administered. Beside general bleeding topical bleeding by means of cups, or leaches will be found serviceable. We may adopt this mode when it is not safe to open a vein in the arm. If the pain in the side is not relieved by venesection, we must have recourse to blisters, and these large enough to cover the affected part. Their utility does not depend altogether upon their

rubefacient effect, but in some degree upon the evacuation which they produce. It is very difficult to cure the disease without them; and if one should not answer the intended purpose they should be repeated. Warm fomentations and issues are of a advantage. Purging with the Sub: Mur: Hydr: combined with Pulv: Jalap will be found of great utility.
During the inflammatory stage, the bowels must be kept constantly open with gentle purgatives, such as a solution of the neutral salts, in infusion of Senna and the whole of the antiphlogistic plan must be strictly enforced. As in other inflammatory complaints we may in this, induce diaphoreses by nauseating doses of Tartarized Antimony, or by James's Powder combined with the Nitrate of Potash or with Rush's Antimonial Powder.

We come now to speak of the last remedy in the disease Viz Mercury.
It is a remedy of very great importance and efficacy is fully established. But in employing it some caution is necessary to be observed. 1st It must not be given at the first invasion of the disease, and not before Vs. sanguinis; and diaphoretics &c. have been vigorously administered. In some instance it will be necessary to combine opium with it, to keep it from running off by the bowels. Mercurial frictions to the part, or neighbouring parts must be resorted to.
A single salivation sometimes fails; but a second generally will cure.
It will do good when ptyalism cannot be induced.

It will be unnecessary to say much concerning the chronic species of Hepatitis, the symptoms are nearly similar to the acute species; but in addition to them there is a morbid complexion, wasting of flesh,

lowness of spirits, and despondency of mind, often pain in the side extending to the shoulder, general debility, indigestion, flatulency, acidity, pain in the stomach, clay coloured stools, yellow tinge of the skin and eyes, numbness and sense of weight in the region of the liver.

The cure of this ~~is to be~~ affected by topical bleeding, purging, blisters repeatedly applied over the region of the liver; Nitric acid; and the Nitro Muriatic acid bath, this has a great influence in promoting the secretion of bile, and excite the extreme vessels on the surface; And lastly by mercury which is beyond doubt the most efficacious practice, and it should be given in small doses, and gently introduced so as to effect the system gradually.

I have now closed my remarks with the confident hope that the professors of this university will generously excuse every imperfection of this

of this composition for the sake of the good intentions of the writer who thus offers his feeble mite towards the advancement of medical science

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